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UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MISSOURI  
DIVISION

(Write the full name of the plaintiff in this action.  
Include prisoner registration number.)

v. **RAYMONT GRADY JR.**  
**#34369-044**

Case No: **4:21-cv-00393-DMB**  
(to be assigned by Clerk of District Court)

Plaintiff Requests Trial by Jury  
☒ Yes ☐ No

(Write the full name of each defendant. The caption  
must include the names of **all** of the parties.  
Fed. R. Civ. P. 10(a). Merely listing one party and  
writing "et al." is insufficient. Attach additional  
sheets if necessary.)

**PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983**

NOTICE:

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date, the full name of a person known to be a minor, or a complete financial account number. A filing may include only: the last four digits of a social security number, the year of an individual's birth, a minor's initials, and the last four digits of a financial account number.

Except as noted in this form, plaintiff should not send exhibits, affidavits, witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the \$400.00 filing fee or an application to proceed without prepayment of fees and costs.

**I. The Parties to this Complaint**

**A. The Plaintiff**

Name: Raymont Grady JR.

Other names you have used: N/A

Prisoner Registration Number: 34369-044

Current Institution: USP Big Sandy  
PO Box 0068  
INE2, KY. 41204

Indicate your prisoner status:

<input type="checkbox"/> Pretrial detainee	<input type="checkbox"/> Convicted and sentenced state prisoner
<input type="checkbox"/> Civilly committed detainee	<input checked="" type="checkbox"/> Convicted and sentenced federal prisoner
<input type="checkbox"/> Immigration detainee	<input type="checkbox"/> Other (explain): _____

**B. The Defendant(s)**

To the best of your knowledge, give the information below for each defendant named in the caption of this complaint. Make sure the defendant(s) named below are the same as those listed in the caption of this complaint. Attach additional pages if necessary.

For an individual defendant, include the person's job title, and check whether you are suing the individual in his or her individual capacity, official capacity, or both.

**Defendant 1**

Name: St. Louis City

Job or Title: \_\_\_\_\_

Badge/Shield Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

☒ Individual Capacity ☒ Official Capacity

**Defendant 2**

Name: FE FUENTES

Job or Title: Doctor

Badge/Shield Number: \_\_\_\_\_

Employer: St. Louis City

Address: \_\_\_\_\_

☒ Individual Capacity

☒ Official Capacity

**II. Statement of Claim** → on separate sheet of paper

Type, or neatly print, a short and plain statement of the **FACTS** that support your claim(s). For every defendant you have named in this complaint, you must state what he or she personally did to harm you. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Do not make legal arguments, or cite court cases or statutes. You may attach additional pages if necessary.

Your statement of claim must include all of the following information:

1. What happened to you?
2. When did it happen?
3. Where did it happen?
4. What injuries did you suffer?
5. What did each defendant personally do, or fail to do, to harm you?

## B. The Defendants

### Defendant 3

Name: (UNKNOWN) O'ZIER

Job or title: C/O 1

Badge Number: UNKNOWN

Employer:

Address:

☒ Individual Capacity

☒ Official Capacity

### Defendant 4

Name: (UNKNOWN) Williams

Job or title: C/O 1

Badge Number: UNKNOWN

Employer:

Address:

☒ Individual Capacity

☒ Official Capacity

### Defendant 5

Name: (UNKNOWN) Moody

Job or title: C/O 1

Badge Number: UNKNOWN

Employer:

Address:

☒ Individual Capacity

☒ Official Capacity



Defendant 6

Name: (UNKNOWN) Jones

Job or title: CIO

Badge Number: UNKNOWN

Employer:

Address:

~~X~~ Individual Capacity

X Official Capacity

Defendant 7

Name: CORIZON Medical Group

Job or title:

Badge Number: UNKNOWN

Employer:

Address:

~~—~~ Individual Capacity

X Official Capacity

### III. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

- 1) Broken Ankle - No treatment from jail.
- 2) Broken nose - No treatment
- 3) Split eyebrow - taped was placed over opening.
- 4) Contusions on various spots on head. - N/A
- 5) Split inside lip. - N/A - No treatment
- 6) Two black eyes. - No treatment



①

## - Statement of claim -

1. On January 5, 2020, I was assaulted by unknown inmates in the St. Louis City Justice Center. Prior to the assault I pressed the jail's emergency button but was ignored by working unit officers unknown Moody and unknown Jones. Found with blood pouring from my left eye by c/o Williams, he told me to walk to the Sally port. I told him that I could barely walk but he told me he didn't care. After going to Saint Louis University Hospital, I was informed that I suffered multiple injuries including a broken ankle, broken nose, a gash in eye brow that required stitches, & various spots of swelling on the face and head.
2. Sent back to the SLEJC, I was put in the infirmary where I was prematurely released after only 3 full days by Doctor Fe Fuentes, who also refused to issue me a most needed bottom bunk pass. Due to her lack of care for an obvious disabled inmate, I was forced to bed on the top bunk in a cell with another disabled inmate. Upon leaving the infirmary, I was refused help of carrying my property by c/o unknown O'zier, even after visually seeing my cast on my foot and crutches. Her lack of concern and care for not only the disabled but a human being, I was forced to carry all of my property as well as being denied ~~my~~ a wheelchair by Doctor Fe Fuentes and c/o O'zier.
3. Refused plastic bags to cover cast in shower by all working officers and the refusal of repairing the handicap shower led to cast becoming wet and nonuseable and two weeks later the cast came off.



②

February 9, 2020 I was given a new cast that even after many complaints to staff, nurses, and my Federal Public Defender, still did not get removed until September 11, 2020. My complaining only led me from sleeping on a top bunk to being moved to an upper tier where I was forced to operate stairs.

- 1.) C/O UNKNOWN Moody and C/O UNKNOWN Jones are being sued for being careless with the emergency speaker in an emergency situation that could have been prevented... violating my 8th Amendment.
- 2.) C/O UNKNOWN Williams is being sued for his carelessness with an inmate that was injured. Do to that same careless and cruel act may have contributed to the injury of the broken ankle.
- 3.) C/O UNKNOWN O'zier is being sued for her cruel and careless actions of making me carry own property and denying me a wheelchair, which would have made carrying my property much easier and kept me from walking on foot with cast over broken ankle.
- 4.) Doctor Fe Fuentes is being sued for recognizing me with a known disability but denying me a wheelchair and a 'mandatory' bottom bunk pass because of my disability.



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- 5) St. Louis City is being sued for the lack of training of: employers on emergency equipment, handling inmates with disabilities, handling inmates with respect, also for ignoring the needed repairs throughout the jail that could be life saving, life threatening, or most needed for disabled inmates.
- 6) Corizon Medical Group is being sued for lack of training of employees on dealing with disabled inmates inside a facility and to not treat inmates differently that all disabled inmates are entitled <sup>to</sup> all necessary necessities.

All said names above are in violation of my 8th Amendment, 14th amendment Rights of the Federal Constitution. And in violation of Title II of the ADA.

#### •7 FOOTNOTE

All unknown first names will be found through discovery process.

#### IV. Relief

State briefly and precisely what you want the Court to do for you. Do not make legal arguments. Do not cite any cases or statutes. If you are requesting money damages, include the amounts of any actual damages and/or punitive damages you are claiming. Explain why you believe you are entitled to recover those damages.

I am Requesting Monetary damages in the amount of \$1,000,000. I am also Requesting that punitive damages be awarded.

#### V. Exhaustion of Administrative Remedies/Administrative Procedures

The Prison Litigation Reform Act ("PLRA") 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison or other correctional facility where you were confined at the time of the events giving rise to your claim(s):

ST. LOUIS CITY JUSTICE CENTER

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

☐ Yes

☐ No

☒ Do not know

- C. If yes, does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☐ No

☒ Do not know

If yes, which claim(s)?

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☐ Yes ☒ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes ☒ No

- E. If you did file a grievance:

1. Where did you file the grievance?

- 
2. What did you claim in your grievance? *(Attach a copy of your grievance, if available)*

3. What was the result, if any? *(Attach a copy of any written response to your grievance, if available)*



4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

N/A

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

I was afraid of more retaliation coming to me.

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/A

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

was unaware that I could file a grievance on a facility from another facility.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

## VI. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

- A. To the best of your knowledge, have you ever had a case dismissed on the basis of this "three strikes rule"?

☐ Yes ☒ No

If yes, state which court dismissed your case and when it was dismissed. Attach a copy of the court's order, if possible.

Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes ☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff NIA

Defendant(s) NIA

2. Court *(if federal court, name the district; if state court, name the state and county)*

3. Docket or case number NIA

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_
6. Is the case still pending?

☐ Yes

☐ No (If no, give the approximate date of disposition): \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐ Yes

☒ No

- D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff \_\_\_\_\_

Defendant(s) \_\_\_\_\_

N/A

2. Court (if federal court, name the district; if state court, name the state and county)

3. Docket or case number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

N/A



6. Is the case still pending?

☐ Yes

☐ No (If no, give the approximate date of disposition): \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A

## VII. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 24 day of August, 2021.

Signature of Plaintiff

Raymond J. Brady JR.